

# AuthentiCare® Electronic Visit Verification (EVV) Webinar

## December 18, 2014

### Questions

Can more than one location (address) be identified with a participant, if the participant receives both Day Hab and In-home services?

Under mileage, can we obtain the mileage used during service and not include mileage to the participant's residence?

If a provider has multiple NPIs, will this require a single login or do we have to create separate logins for each provider number for the same agency?

Will DSWs have to sign-out when they move from day services to night services, or will the procedure code/service type change automatically from day to night based on the participant's schedule?

What happens if two DSWs try to login at the same time?

If one DSW is checked-in and has not checked-out and another DSW is ready to check-in, how is this handled?

How long do we have to correct unbillable claims and still get paid through AuthentiCare?

Can payroll reports be converted to Excel spreadsheets?

Does AuthentiCare have a device that can be purchased with the App Only?

If using a landline, can the DSW enter activity logs?

In the event of a Natural Disaster, such as Hurricane Evacuations, when everyone's address changes, what is the process for address changes if the participant continues to receive services during the evacuation?

### Answers

Yes, multiple phone numbers or latitude/longitude coordinates can be used to report service from different locations.

Mileage is entered by the DSW at check-in/check-out for any visit. Providers can instruct their DSWs as to what mileage should be entered at that point.

Exact Provider set up is still being determined. With that said, AuthentiCare has options for reporting across different Provider Regions/NPIs.

DSWs will need to check in and out for Day and Night services separately.

The check-in/out calls will be accepted and recorded, however, the visit/claim records will be marked with a critical exception of an overlap.

There may be an allowed overlap due to a shift change. The exact definition of this is being finalized between AuthentiCare and the State.

At this time there is no restriction as to when claims have to be corrected in AuthentiCare. With that being said, any timely filing requirements that Providers currently have will continue to be enforced.

All AuthentiCare reports are available in up to four formats: PDF, Excel, CSV, and XML.

No, the Mobile app is free & at this time only works with Android smartphones

Regardless of the method of visit reporting (IVR, Mobile, Web) – activity codes are recorded upon check-out by the DSW.

Multiple addresses can be established for place of service.

## Questions

On the late notifications, can we specify according to the participant which agency DSW is notified of the lateness or absence of the DSW?

Is there a report that identifies Authorizations that are approaching the ending date, so we will know to check on this Authorization?

Can we import LAST DSW Information into AuthentiCare to avoid data entry of this information into AuthentiCare?

Will DSWs have to check- in and out when providing different services to the same participant or when providing shared time to individual time?

Can DSWs check-in from their personal phones as long as they are with the participant?

What if the participant is at a day center and the day center has multiple telephone numbers that shows up when call is being made from the day center, how will this situation be handled?

What services are included in the first phase of implementation for the Electronic Visit Verification System?

When delivering person-centered services, the participant's place of service might be doctor's office, place of work, or any other authorized community location. How is this handled, particularly in light of the fact that most DSWs do not have Android cellphones?

How does the DSW check-in/out when the participant does not have a telephone and the DSW does not have a cell phone?

## Answers

The clients with a flexible schedule would be marked as high need = no and wouldn't need to be scheduled in AuthentiCare at all. For the clients who are high need = yes – then they should be scheduled and the late/missed visit tracking is standard across the board, for example, it can't be 1 hour as the late threshold for one client and 30 minutes for another.

The AuthentiCare Authorization report gives all of the authorization data including the effective end date.

“No”; We do have a means of electronic upload of worker information for initial set up.

Yes, each service requires a separate check-in and out.

A DSW's personal phone should not be used for checking in/out from the IVR. If the DSW has an Android smartphone and has downloaded the Mobile app, then that is acceptable. Alternate options may be available in exceptional situations.

Any of the numbers that would be recorded as the caller ID could be set as valid numbers for the participant.

The first phase, set for April 1, 2015, covers the Community Choices Waiver, Adult Day Health Care Waiver, and the Long Term Personal Care Service State Plan Option.

There are several alternatives. First, the alternative place of service (work, community location) could be registered as a valid place of service in AuthentiCare. Secondly, the visit times could be recorded on a time sheet and later web entered into AuthentiCare.

If neither of the real time validation methods is available (IVR, Mobile) then the DSW will record their time much in the same way they do today (such as a timecard) and this time will then be web entered into AuthentiCare after the visit is complete.

## Questions

What happens if your servers crash?

Will the DSW know how many units are being used?

How will the biller verify claims before submitting to Medicaid?

How does the AuthentiCare system work in relation to participants with 24-hour care?

How will the biller know that a claim needs to be adjusted?

Will there be a report for DSW time?

What days are billing sent?

Will the LAST system still be used?

Are we going to need to hire a billing agent?

Can check-in(s) data be exported to a payroll or an accounts receivables database?

Will AuthentiCare replace SRI as the contact for PA's?

## Answers

The AuthentiCare environment has built in backups to ensure that the IVR will always be up. In the case of any data base issues the environment automatically “rolls” to a duplicate copy to ensure that all transactions are recorded and saved appropriately.

The check-in and out times are read back to the DSW upon successfully completing the call. Based on this, the DSW would know the number of units of service that were recorded.

Every Provider is required to view, edit as needed, and confirm claims before they are submitted electronically for payment.

Each DSW will check-in and out separately at the beginning and end of their shift. The length of time served will be recorded separately for each DSW and service provided.

Depends on the scenario. If a DSW forgets to check-out then the incomplete claim will be easily apparent to the biller.

Yes, there are many claim/visit reports. The DSW Activity Report shows time worked by each individual DSW in Hour:Minute format.

Claims are automatically submitted electronically each weekday morning.

Yes. There will be some services, such as environmental modifications, therapy services, professional services, and personal emergency response systems that do not require a check-in/out through AuthentiCare and will continue to be covered in LAST.

Yes. AuthentiCare likely will not cover all of the services that you provide. In addition, some functions, such as voiding previously submitted claims would need to be addressed outside of the AuthentiCare system.

Yes. AuthentiCare has numerous standard reports. One of these, the claim data listing report, was specifically designed for the purpose of Providers downloading and merging into their own system to drive DSW payroll and accounts receivable.

No. AuthentiCare will simply be a repository of the authorization information to be used to verify visit/claim records.

## Questions

Will AuthentiCare replace my claims processing software manufacturer as the entity I call with claims structuring issues?

Do visits have to be scheduled?

What if a DSW 'forgets' to check-out and is at a different location when they remember?

Is the app only available on an Android or is it available on Apple products (iPhone, iPad)?

What measures do you recommend to dispel HIPAA concerns with the app being used with a DSW's phone?

When the DSW is scheduled and fails to arrive (the Agency representative(s) are notified), will there be a grace period for the back-up DSW to arrive for check-in?

Will we be notified if a DSW is working outside of authorization?

How long does it take to update information if the participant moves or changes phone number?

Will the participant's schedule still be 100% flexible and how will deviations have to be noted?

Will AuthentiCare instantly show overlaps with participant service delivery and participant hospital admits?

## Answers

Depends on the exact nature of the issue. AuthentiCare will submit claims in a specific 837 EDI compliant format to the State MMIS and will verify that this file is functionally accepted. However, this is only for services covered by AuthentiCare. Third party billing software would still be required for non-covered services.

Only visits where the participant/authorizations are indicated as "high need" have to be prior scheduled.

Typically we'd expect the DSW to contact their Provider agency so the correction can be input on the AuthentiCare web along with a note to detail the nature of the change.

Currently the AuthentiCare Mobile app is Android operating system based only. The iOS app (for iPhone, iPad) is currently undergoing BETA testing and will be made available to Louisiana Providers in the near future.

The DSW has to log in to the app using their ID and password. No HIPAA data is stored locally on the phone, instead information is passed via a secure connection to the AuthentiCare back end.

There are defined thresholds for when a visit is considered late and missed. The grace time would be the difference from when a visit was marked as late until when it was marked as missed (assuming the DSW doesn't check-in in the meantime).

Yes, the claim will be marked with a critical exception noting that it is unauthorized.

If the updates to alternative phone numbers are made directly on the AuthentiCare web then they are real time. However, a participant's primary home phone number will continue to be maintained through LAST.

The only participants that require a schedule are those indicated as "high need." For a majority of those cases due to the needs of the participant there won't be much flexibility in when service needs to be provided.

AuthentiCare will instantly show overlaps of participant or DSW service visits. However, it will not show overlaps with participant hospital admits since that information is not contained within the AuthentiCare system.

## Questions

Will (Paper) timesheets now be obsolete?

Will we have to assign each participant a DSW in the AuthentiCare system?

How do we resubmit denied claims from the 835 RA?

If a DSW arrives 15 minutes prior to his or her start time and checks- in early, (scheduled time is 11 a.m. - 3pm and they check- in at 10:45 am.) will the system record the start time as 11 a.m. or 10:45 a.m.?

If there is an incident noted on the report for the day, will the Provider get a notification that there was a problem at the home?

If there is a backup DSW that does not usually work for a participant, will that DSW have to be listed as a backup DSW for that participant BEFORE they can check- in?

In the OCDD programs, Providers have the ability to flex services they don't have authorizations for out of services they do have authorization for such as flexing shared services out of current existing individual services, will we still be able to do this?

When will the system be available to Providers to input DSW information?

Do all the DSWs check- ins have to be at the consumer's home?

Do you provide RA Reconciliation per claim for the claims you are demonstrating?

Do you need 835 authorization?

## Answers

In many cases, yes. However, in the cases where there is no participant home phone and the DSW does not have a smart phone to use the Mobile app as a backup, then they may be continuing to record time on paper time sheets. The difference will be that this time will be web entered by the Provider directly into AuthentiCare and billed electronically through the AuthentiCare system.

The DSW IDs are specific to a Provider agency and not a participant. A DSW employed by the same agency can serve multiple participants using the same ID. If a DSW is employed by multiple agencies then they will have a different DSW ID for each.

There is a claim resubmit feature within AuthentiCare.

The AuthentiCare system records the actual check in/out times. So in this example, it would record the check in time as 10:45 AM.

If an "incident" (called an observation in AuthentiCare) is noted upon check out by the DSW, then the Provider will be able to see that recorded on the visit/claim record.

No. Any DSW can check- in. If the backup DSW was not listed on the schedule, then the visit may be marked as late/missed (since the scheduled DSW did not check- in), but the backup DSW can still record service and this can still be billable (assuming it is authorized).

OCDD programs are not in the initial Phase I "go-live," so we are still identifying requirements.

Shortly after the on-sight training is held in early March.

No. Alternative places of service entered as valid phone numbers, such as a place of work or adult day facility.

No, the RA (835) files will be administered the way they are currently. AuthentiCare offers an option for each Provider to upload this file so that the payment information is reflected on your claims and in reports. This is an optional feature.

No. This is an optional feature for Providers.

## Questions

How do we know when we received a new PA?

Does the check-in time record at the start of the call or the confirmation of the call?

Some of our participants have prepaid phones and sometimes do not have minutes towards the end of the month. If their DSW does not have a smart phone, how would the agency bill on that participant?

If the DSW calls to check-in and the participant's number has changed when they enter the participant's ID number in, does the number automatically add/change in the AuthentiCare system?

Is there any way the DSWs can register a new phone themselves?

How will the verifications and billing be done for center based services?

## Answers

The authorization should be reflected in AuthentiCare. New (and updated) authorizations are loaded daily into AuthentiCare.

The DSW gets credit for time on the call. During check-in, the time recorded is when they first dial in. During check-out, the time recorded is upon confirmation of the final step.

If there is no phone available for an IVR check-in/out and the DSW does not have a smart phone, then they would need to record their time in some manner (time card, for example). This information should then be input into AuthentiCare via the web site.

The call-ins does not update the phone number. Alternatively, the phone number can be updated on the AuthentiCare web. At this point, once this real time update is complete, the DSW should be able to call back check-in/out successfully for that participant.

Primary phone numbers will continue to be maintained in SRI and passed to AuthentiCare. However, Providers will have the ability to add additional phone numbers as necessary to individual participant records.

The IVR or Mobile app can still be used in facility or community based care. The phone number or location (coordinates) just need to be registered for the participant receiving service.

\*DSW – Direct Service Worker